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UTILITY
PATENT APPLICATION
TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.	7162-86
First Inventor	RAWNICK
Title	RF Phase Delay Lines with Variable Displacement Fluidic Dielectric
Express Mail Label No.	EV 347797170 US

U.S.P.T.O.
10/678484
100303APPLICATION ELEMENTS
See MPEP chapter 600 concerning utility patent application contents.ADDRESS TO:
Commissioner for Patents
Mail Stop Patent Application
P.O. Box 1450
Alexandria VA 22313-1450

1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing)	7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.	8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
3. <input checked="" type="checkbox"/> Specification [Total Pages 24] (preferred arrangement set forth below)	a. <input type="checkbox"/> Computer Reader Form (CRF)
- Descriptive title of the invention	
- Cross Reference to Related Applications	
- Statement Regarding Fed sponsored R & D	
- Reference to sequence listing, a table, or a computer program listing appendix	
- Background of the Invention	
- Brief Summary of the Invention	
- Brief Description of the Drawings (if filed)	
- Detailed Description	
- Claim(s)	
- Abstract of the Disclosure	
4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 3]	9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s))
5. Oath or Declaration [Total Sheets 2]	10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of (when there is an assignee) <input type="checkbox"/> Attorney
a. <input checked="" type="checkbox"/> Newly executed (original or copy)	11. <input type="checkbox"/> English Translation Document (if applicable)
b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 18 completed)	12. <input checked="" type="checkbox"/> Information Disclosure <input type="checkbox"/> Copies of IDS Statement (IDS)/PTO-1499 Citations
i. <input type="checkbox"/> <u>DELETION OF INVENTOR(S)</u> Signed statement attached deleting inventor(s) name in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).	13. <input type="checkbox"/> Preliminary Amendment
6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76	14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)	
16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.	
17. <input checked="" type="checkbox"/> Other: Fee: \$1076	

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:

 Continuation Divisional Continuation-in-part (CIP) of prior application No.:Prior application information: Examiner _____ Art Unit: _____
For CONTINUATION OF DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference.
The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number or Bar Code Label	(Insert Customer No. or Attach bar code label here)	OR <input type="checkbox"/> Correspondence address below
---	---	--

Name	30448		
Address			
City	State	Zip Code	
Country	Telephone	Fax	

Name (Print/Type)	Robert J. Sacco	Registration No. (Attorney/Agent)	35,667
Signature	10/3/03		

This collection of information is required by 37 CFR 1.53(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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10/03/03
13409 U.S.
PTO

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FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT **(\$)** 1076

Complete if Known

Application Number	
Filing Date	
First Named Inventor	RAWNICK
Examiner Name	
Art Unit	
Attorney Docket No.	7162-86

METHOD OF PAYMENT (check all that apply)

Check Credit card Money Order Other None

Deposit Account:

Deposit Account Number	50-0951
Deposit Account Name	Akerman Senterfitt

The Director is authorized to: (check all that apply)

Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) or any underpayment of fee(s)
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Small Entity

Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
1051	2051	Surcharge - late filing fee or oath	
1052	2052	Surcharge - late provisional filing fee or cover sheet	
1053	1053	Non-English specification	
1812	1812	For filing a request for ex parte reexamination	
1804	1804	920* Requesting publication of SIR prior to Examiner action	
1805	1805	1,840* Requesting publication of SIR after Examiner action	
1251	2251	Extension for reply within first month	
1252	2252	Extension for reply within second month	
1253	2253	Extension for reply within third month	
1254	2254	Extension for reply within fourth month	
1255	2255	1,005 Extension for reply within fifth month	
1401	2401	165 Notice of Appeal	
1402	2402	165 Filing a brief in support of an appeal	
1403	2403	145 Request for oral hearing	
1451	1451	1,510 Petition to institute a public use proceeding	
1452	2452	55 Petition to revive - unavoidable	
1453	2453	665 Petition to revive - unintentional	
1501	2501	665 Utility issue fee (or reissue)	
1502	2502	240 Design issue fee	
1503	2503	320 Plant issue fee	
1460	1460	130 Petitions to the Commissioner	
1807	1807	50 Processing fee under 37 CFR 1.17(q)	
1806	1806	180 Submission of Information Disclosure Stmt	
8021	8021	40 Recording each patent assignment per property (times number of properties)	40
1809	2809	385 Filing a submission after final rejection (37 CFR 1.129(a))	
1810	2810	385 For each additional invention to be examined (37 CFR 1.129(b))	
1801	2801	385 Request for Continued Examination (RCE)	
1802	1802	900 Request for expedited examination of a design application	

Other fee (specify) _____

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$) 40

1. BASIC FILING FEE

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)		
1001	2001	Utility filing fee	770
1002	2002	Design filing fee	
1003	2003	Plant filing fee	
1004	2004	Reissue filing fee	
1005	2005	Provisional filing fee	
		SUBTOTAL (1) (\$)	770

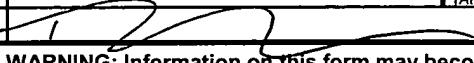
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Independent Claims	Multiple Dependent	Extra Claims	Fee from below	Fee Paid
30	4		-20** = 10	x 18	= 180
			- 3** = 1	x 86	= 86

Large Entity	Small Entity	Fee Description
Fee Code (\$)	Fee Code (\$)	
1202	2202	9 Claims in excess of 20
1201	2201	43 Independent claims in excess of 3
1203	2203	145 Multiple dependent claim, if not paid
1204	2204	43 ** Reissue independent claims over original patent
1205	2205	9 ** Reissue claims in excess of 20 and over original patent
		SUBTOTAL (2) (\$) 266

**or number previously paid, if greater; For Reissues, see above

(Complete if applicable)

Name (Print/Type)		Registration No. (Attorney/Agent)		Telephone
Signature				Date 10/3/03

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

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